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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 9/9/2014 8:07 AM Fee Receipt: \$40.00



## COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Or Limited Liabi	ganization lity Company		KLC
Pursuant to KRS 14A and KRS	1 275, the undersigne	ed applies to qualify and for that	purpose submits the	e following statements
Article I: The name of the limite	d liability company i	s		
Mike and Dale, LLC				
Article II: The street address of	the limited liability o	ompany's initial registered office	e in Kentucky is	
101 Hi Lane Dr.	,	Richmond	Ky	40475
Street Address Only (No Post Office I	Box Numbers)	City	State	Zip Code
and the name of the initial regist	ered agent at that o	ffice is Dale Wilder		
Article III: The mailing address of Dollar Post Office Box Nu  Article IV: The limited liability co  A. a manager(s).  B. its member(s).  Article V: This application will be	mber ompany is to be mai	naged by (must check one):	State	YO Zip Code
date or the delayed effective dat	• •	-	•	
I/We declare under penalty of pe	erjury under the law		ne foregoing is true a	
( ) ALE ?	1.11	Dale Wilder		9/2/2014
Signature of Organizer		Printed Name & Title		Date
Signature of Organizer		Michael "Mike" She	nkel .	9/2/2014
Dale Wilder Print Name of Registered Agent		, consent to serve as the registere	9/2/	Date limited liability company.
Signature of Registered Agent	1	Printed Name	Date	

(01/12)